Upper Tribunal		For Upper Tribunal use only		
Tax and Cl	and Chancery Chamber		Upper Tribunal Reference No.	
Judicial Re	eview claim form		Date received	
	idance are available which explain how them carefully before you complete th		he judicial review	claim form.
	se <b>black ink</b> and complete the form i se another sheet of paper if there is n (Please put your full name at the t	not enough spac	ce for you to say	
SECTION 1	Details of the applicant(s) and represe	ntative (if any)		
Applicant(s):	: name(s) and address(es)			
Name				
Address				
Telephone		Reference (if		
No.	i	any)		
Fax No.	<u>I</u>			
E-mail address				
Are you repression of the so please gi	esented? ive your representative's details below.			
Name				
Address				
Telephone No.		Reference (if any)		
Fax No.				
E-mail address				

SECTION 2 Details of the respondent		
Please spec review	ify by ticking the appropriate box which Chamber made the decision yo	ou seek to
Tax Chambe	r	
General Reg Chamber	ulatory	
SECTION 3	Details of other interested parties (any other party to the First-tier Tribus)	nal
Include name	e and address and, if appropriate, details of DX, telephone or fax numbers ar	nd e-mail.
Name		
Address		
Telephone No.	Reference (if any)	
Fax No.		
E-mail address		
Name		
Address		
Telephone No.	Reference (if any)	
Fax No.		
E-mail address		

SECTION 4 Details of the decision to be judicially reviewed	
Date of Decision and ref number	
Specify the area of the decision you are challenging.	
SECTION 5 Detailed statement of grounds and facts relied on	
Sat out halow attached	
Set out below attached	7

SECT	ION 6 Details of outcome (including any interim remedy) being sought	
SECT	ION 7 Other applications	
	I wish to make an application for the following (please tick appropriate box)	
	to extend the time for filing the claim form	
	for urgent consideration of the judicial review claim	
	for directions (set out below)	
	Please give reasons	
		1
		J

SECTION 8 Supporting documents				
You MUST enclose a copy of the full reasons for the decision being challenged. If you do not do so your application may be delayed or not be admitted. If you do not have, but expect to obtain, any other document that you intend to use to support your application, identify it, give the date when you expect it to be available and give reasons why it is not currently available in the box below.				
Please tick the papers you are filing with this form and those you wish to file later				
A copy of the full reasons for the decision being included challenged				
Any written evidence in support of the claim or application to extend time				
Copies of any other documents on which the applicant proposes to rely				
Reasons why you have not supplied a document and date when you expect it to be available				
SECTION 9 Statement of Truth and claim for judicial review				

I believe that the facts stated in this claim form are true.				
I seek permission to proceed with my application for judicial review and, if permission is granted, I make the claim for judicial review				
I authorise my representative named in Section1 above to act on my behalf in all proceedings before the Upper Tribunal. (Delete if you have no representative or you are a solicitor filling in this form on behalf of a client)				
Signed by applicant Date				
AFTER YOU HAVE COMPLETED THIS FORM please send it to: Upper Tribunal (Tax and Chancery Chamber) Fifth Floor Rolls Building Fetter Lane London EC4A 1NL				
DX: 160042 Strand 4				
Tel: 020 7612 9700 Fax: (for urgent cases) 020 7436 4151 please do not send forms by both post and fax				
This form should be used only where the proceedings in the First-tier Tribunal took place in England or Wales. In Scotland an application for judicial review must be made to the Court of Session and in Northern Ireland the application must be made to the High Court.				
The Office will let you know when they have received this form. Contact the Upper Tribunal office if you are not told within a week that the form had been received.				